

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	ASO		11/25/00
FORMALITY REVIEW	20	3353	1-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 " ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	11/25/00
2	11/25/00
3	11/25/00
4	11/25/00
5	11/25/00
6	11/25/00
7	11/25/00
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9	11/25/00
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49	11/25/00
50	11/25/00

Claim	Date
Final Original	
51	11/25/00
52	11/25/00
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100	11/25/00

Claim	Date
Final Original	
101	11/25/00
102	11/25/00
103	11/25/00
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147	11/25/00
148	11/25/00
149	11/25/00
150	11/25/00

If more than 150 claims or 10 actions  
 staple additional sheet here

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Best Available Copy